

Indecare Limited

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Inspection report

NB109 Selby Centre
Selby Road
London
N17 8JL

Tel: 02034179790

Date of inspection visit:
04 July 2023

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19 September 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Indecare Limited is a small domiciliary care service, providing support to 1 person at the time of our inspection.

The person received personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's safety was promoted because the service assessed, monitored and managed their safety well. Potential risks people faced had been identified, assessed and were regularly reviewed. The assessments provided information about steps that care staff should take to support people to ensure that any potential risks were minimised.

The service had enough staff to provide support to the person currently using the service. Pre-employment checks had been carried out for care staff. These checks helped to safeguard people using the service by ensuring that only suitable applicants were offered work with the service.

People were supported by staff who had received relevant training in evidence-based practice. The provider was in the process of developing further robust induction training with qualified trainers to ensure that all staff were trained during their induction.

People were protected from poor infection control associated risks. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided to in suitable quantities and staff were knowledgeable about using it effectively.

Guidance for staff and training was provided. The service completed an assessment of the person's needs and personal wishes about how they were cared for, and care plans included guidance about meeting these needs.

Rating at last inspection

This service was registered with us on 16 April 2021 and this was the first inspection of the service.

Why we inspected

The inspection was prompted in part by information of concern we received following a death of a person using the service. This incident is not subject to further investigation by CQC as to whether any regulatory action should be taken. However, the information shared with CQC about the incident indicated potential

concerns about the management of risk of infection prevention and control and the safety of people using the service. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

We carried out a comprehensive inspection of this service on 4 July 2023.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Indecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 June 2023 and ended on 21 August 2023. We visited the location's office on 04 July 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we had received such as notifications and safeguarding alerts. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager of the service. We also spoke to the business secretary.

We reviewed 1 person's current risk assessment and care planning records. We also looked at recruitment, induction, supervision arrangements and training information for current and prospective staff and we looked at the organisation's policies and procedures.

We received feedback from 1 person's relative and from the person using the service through phone-call about how safe they, and their relatives, felt and how the service met their needs.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person using the service was kept safe from avoidable harm because staff ensured their needs were being monitored closely. The staff knew what the potential risks of harm were and acted proactively to minimise the impact of incidents.
- An unexpected death had occurred since the service began providing personal care. We looked at the actions around the incident. The provider had followed their policies and procedures and they were able to show evidence of further learning following this.
- Induction records showed that care staff had completed safeguarding and whistle blowing training. The register manager told us "I know who to talk to, if I have concerns about a person's safety and well-being".
- The safeguarding policy included detailed signs to recognise abuse and specific steps for management and other staff members to take if safety concerns are raised.

Assessing risk, safety monitoring and management

- The people using the service had person centred risk assessments written in the first person. The risk assessments were detailed and covered a range of safety and well-being needs such nutrition and hydration and moving and handling.
- The risk assessments included guidance for care staff on how to manage and mitigate any risks that were identified, for example regarding specific health conditions.
- We saw evidence risk assessments were reviewed timely so that any changes to people's needs were acknowledged and managed.

Staffing and recruitment

- One staff member was employed in addition to the registered manager to support the needs of the service. Robust recruitment procedures were in place to ensure care staff were suitable for the role they were undertaking. This included obtaining appropriate references, full employment and education history and identity checks prior to starting work.
- The records contained recent DBS Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Even though the service did not manage the medication of the person using the service a medication risk assessment was in place.
- The medicines policy was detailed and included all aspects of medicines management.

Preventing and controlling infection

- We were assured that the provider was using PPE (personal protective equipment) effectively and safely. Disposable personal protective clothing including gloves and face masks were available. This was evident in records such as daily notes and description of staff duties.
- Infection prevention and control training was part of induction for new staff.
- We were assured that the provider's infection prevention and control policy was up to date. The policy included specific expectations from staff and guidelines regarding areas such as hand washing, food hygiene and safe waste disposal.
- A relative told us, "Since [the support from the service] have started, my relative's environment is much better than before. [The care staff] have really cleaned the house."

Learning lessons when things go wrong

- The service had learnt from the serious incident that happened previously. The registered manager told us "If any similar concerns arise, I will ask support from the Local Safeguarding team soon and I will notify CQC, as done previously".
- There was consideration of processes in place to share the learning such as change of policies, staff supervisions, regular team meetings, discussing incidents as and when they happen, and asking feedback from staff regularly.

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Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- The provider ensured people's needs had been assessed carefully upon admission. Care plans were being reviewed regularly reflecting people's current support needs.
- The assessments considered a range of areas of people's needs such as people's physical health as well as their language, religion, and culture.

Staff support: induction, training, skills and experience

- The provider ensured that care staff were inducted and trained to support people using the service and the care staff currently working for the service had completed an induction. The care staff induction included working towards the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan.
- There was also a plan in place for staff supervision and appraisal of performance.
- The registered manager told us, "We look for staff that engage during the interview and show good values. We give new staff the chance to do many shadow shifts, and there is a lengthy probation period. We also check with the clients regularly to ensure the quality of care is good and do spot checks".
- The service had a training plan in place and was in the process of updating it. This involved both online and in person delivered modules. An external accredited trainer was involved in reviewing the service's training content.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider included in the care planning information about nutrition, hydration, and assessment of dietary needs when it was necessary. Care staff were required to monitor and report any changes in hydration and nutrition if these happened.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and, if necessary, social care professionals involved with their support. For example, the GP and the local authority team.
- A person using the service told us. "[The care staff] help me with my GP appointments and make sure I am seen by a dentist".

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and well-being was included in their care plans and risk assessments.
- Care staff were aware of people's health needs and possible concerns, and they were provided with

guidance about taking appropriate action if needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care records included mental capacity assessments and information about their ability to make independent decisions. Care staff received training about the Mental Capacity Act and had good knowledge of its principles and how to ensure their work adheres to it.
- The Mental Capacity policy and procedure was well thought and included lengthy information regarding assessing people's capacity at different areas.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The care staff were caring in their approach. The registered manager told us, "We want to protect the dignity of the people we support and to maintain the trust they have in us. We treat them with respect."
- The individual characteristics and cultural background of the people using the service had been acknowledged and included in the care planning including age, disability, cultural and religious beliefs. The registered manager told us, "Currently, we speak to our client in their mother language, and we aim to employ a diverse group of employees who speak different languages".
- The provider delivered equality and diversity training as part of induction. This training was designed to ensure care staff understood the importance of treating people fairly, regardless of differences, with emphasis on complying with equality and human rights legislation.

Supporting people to express their views and be involved in making decisions about their care

- Care staff supported people to express their views using their preferred method of communication. This was recorded in people's care records and daily notes.
- The person using the service told us, "The staff are good people, they listen to me, and they are caring. We have a very good relationship".
- A relative of the person using the service told us, "I am very happy with the care my relative is getting. I feel that the staff are very respectful and good carers. They been very compassionate and caring towards my relative."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans included guidelines about how people should be supported in ways that promoted their privacy, dignity and independence. A member of care staff told us: "I know what they like to have for lunch, and I make sure I give them options and allow them time to have their meal at a time and pace they prefer."
- The care planning records showed that privacy was upheld in the way people's information was handled and shared. Consent and privacy statements were signed by the people using the service.
- The registered manager had sound knowledge of people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) legislation. People's care records were stored securely in lockable cabinets to which only designated staff had access. The provider was able to assure the people using the service the necessary measures were taken to comply with keeping information secure and confidential as required by law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service offered person centred care. People's care plans included important information identifying their needs for support. This kept care staff well informed about people's individual needs and preferences.
- We saw feedback from a friend of a person using the service previously, "I am grateful for the support you offer to my friend, thank you for helping him".
- The register manager told us, "I am aware of the person's need to be reminded about their health care appointments. We are monitoring their memory in case something changes and they need further support. We ensure that the service user is made aware of any changes we may notice, we ask them questions regularly about their day-to-day life and we devote time to catch up with them."
- There were considerations for arrangements to ensure care staff were informed about any changes in people's needs such as regular team meetings and verbal and written communication sharing any changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were described in their care plans and the provider had taken steps to meet people's communication needs.

Improving care quality in response to complaints or concerns

- The complaints policy and information provided to people gave a clear description of how complaints, concerns or other feedback would be responded to. The registered manager told us, "When we admit a new service user, we give them the service user handbook and we go through the process of how to make a complaint with them. We will also revisit the process with them."
- The provider had not received any formal complaints directly although people had provided positive feedback and thanks to the service and care staff team.
- People were given information regarding how to raise concerns. A service user told us, "I do not have any complaints, but the staff have given me a phone number I can call if I am unhappy".

End of life care and support

- The provider was not providing end-of-life care to anyone care at the moment. However, there was a policy in place outlining the steps to take if a person is in need and there relevant training was provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager ensured there were systems in place to monitor the outcomes of the support provided to people. They asked regularly for feedback from the people using the service through discussions and ensured they were involved in decisions about their care.
- The registered manager demonstrated a clear vision of an inclusive and empowering approach to management and governance of the service through our conversations with them. The service had a robust process in place to ensure staff received appropriate training and guidance upon joining. This was followed up by regular supervision and feedback meetings involving the views of the people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care

- The provider had a good understanding of duty of candour and were able to demonstrate that they complied with it. The registered manager told us, "It is our duty to be open and transparent when things go wrong. We are open to expanding our learning and to any blind spots."
- Following a previously received concern, the provider was able to demonstrate their learning of what could be done differently and the action they would take in similar situation in the future.
- Before the inspection the provider had sought advice from CQC regarding supplying notifications. During the inspection they were able to assure us they knew the events they were legally required to notify CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The registered manager had good knowledge of the expectations for each role. This was embedded in the induction process for new staff, the care records, and the quality monitoring processes of the service.
- There was a process in place to ensure accountability and oversight was consistent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service asked for feedback in writing from people and those important to them and had plans for this becoming regular occurrence. Quality assurance questionnaires were being completed yearly and the provider planned to give them out quarterly.
- The provider had knowledge of the protected characteristics under the Equality Act 2010. The registered

manager told us, "[Person who uses the service] has a disability and we made arrangements to supply them with appropriate equipment."

Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and local organisations involved in people's care. The provider demonstrated during our discussions with them they had knowledge of when to seek professional health and social care input and how to obtain it. The registered manager told us, "We are working with the local authority to get things right and to increase the number of our clients."